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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## FOREIGN PROFIT/NONPROFIT CORPORATION INTERSTATE GAS SUPPLY, INC.

Certificate of Status	0
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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of co	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	usiness in	Florida)	
Ohio	3		कर	<b>15</b>	
(State or country	3. under the law of which it is incorporated)	(FEI number, if applic	able)	·-	Tr
08/09/1989			15.33		 
)	5. of incorporation)	(Date of duration, if other tha	n pérpetua	<u>u) W</u>	ا سود.
upon filing	or mediportations				3.4
),	(Date first transacted business in	Florida if prior to registration)		71	ξ.
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liability)	e e e e e e e e e e e e e e e e e e e	idi yak H	
6100 Emerald Pk	wy, Dublin, OH - 43016-3248		14.	. II.	
7	(Princip	al office address)			
	(Current mailin	g address, if different)			
	(33.11)				
0 Ni	et address of Florida registered agent: (P.C	). Box NOT acceptable)			
5. Name and stree	C T Corporation System	. ,			
Name:	C 1 Corporation Dystess				
Office Address:	1200 South Pinc Island Road				
Office Address.	Plantation,	33324			
		, Florida (Zip code)			
	(City)	(Zip couc)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Michael Seraphin, Asst. Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

To:

A. DIRECTORS					
·					
Chairman:	·	· ·			· . · ·
Address:		· · · · · · · · · · · · · · · · · · ·			
		·			
Vice Chairman:					
Address:				·	· .
Aug. 53.	• • • •				
CATHY CONNER Director:				·.	
Director:		· ,			
Address:	·			<del></del> :	·
· · · SCOTT WHITE			- <b>-</b>		** **
Director: 6100 EMERALD PARKWAY DUBLIN, OH 43016 USA					·
Address:		<del></del>	<del></del>		<del>,</del>
see attached		<del></del>		··	
B. OFFICERS  SCOTT WHITE  President:	· · · ·	:	· · · · · · · · · · · · · · · · · · ·	· · · ·	
6100 EMERALD PARKWAY DUBLIN; OH 43016 USA					
Address:			•		
DOUG AUSTIN			•		
6100 EMERALD PARKWAY DUBLIN, OH 43016 USA					· . · · · · · · · · · · · · · · · · · ·
Address:			<del>.</del> .		-
CATHY CONNER	<del></del>		- ·		
Secretary: 6100 EMERALD PARKWAY DUBLIN, OH 43016 USA	_ <del></del>			·—	
Address:CATHY CONNER	<del></del> _	<del></del> -	<u></u>		<del></del>
Treasurer:			<u>·-</u>		<del></del>
Address:		<u> </u>	<del></del>	_ <del></del> _	:
NOTE: If necessary, you may attach an addendum to the application listing the state of the state	•	nal officers	and/or d	irectors	· · · · · · · · · · · · · · · · · · ·
Signature of Director or Office The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a do a third degree felony as provided for in s.817.155, F.S.  CATHY CONNER, TREASURER	11 above	affirms the the Depar	at the fac	ts stated State co	l herein institutes
		ication)			

## INTERSTATE GAS SUPPLY, INC.

Additional officer/director listing

<u>Directors</u>	<u>Address</u>
DOUG AUSTIN	6100 EMERALD PARKWAY DUBLIN, OH 43016 USA
LAURIE KRUPPA	6100 EMERALD PARKWAY DUBLIN, OH 43016 USA
STEVE WHITE	6100 EMERALD PARKWAY DUBLIN, OH 43016 USA

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show INTERSTATE GAS SUPPLY, INC., an Ohio corporation, Charter No. 754636, having its principal location in Columbus, County of Franklin, was incorporated on August 9, 1989 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of October, A.D. 2020.

Ohio Secretary of State

Fred flore

Validation Number: 202030204766